

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF							COURT CASE N	LIMADED		
United States of America						COURT CASE NUMBER 17-04930				
DEFENDANT ANDRZEJ KUSTON & DANUTA J. KUSTON a/k/a DANUTA KUSTON						TYPE OF PROCESS Handbill				
- (* NAME OF I	NAME OF INDIVIDUAL, COMPLANY, DORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN								
SERVE J		ANDRZEJ KUSTON ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)								
AT (4421 Miller Drive Mount Joy, PA 17552						201 E A	T N	
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW						Number of process served with this Fo		>>	s oa	
KML Law Group, P.C. 701 Market Suite 500 Philadelphia, PA 19106						Served with this re	1111 263 2	2 x	_>0	
								20 00	SE SE	
						Check for service on U.S.A.		RIC 8:	HARS	
SPECIAL INSTRUC	TIONS OR OTHE	ER INFORM	ATION TH	AT WILL ASSIST	IN EXPEDITING S	ERVICE (<u>Include B</u>				
All Telephone Numb										
Please post the	premises by	7/18/2018	•							
Signature of Attorney other Originator requesting service behalf of: PLAINTIFF TELEPHONE NUMBER 215-627-1322 4/17/18									10	
				□ DE	FENDANT	213-027-1322		4/17/1	.8	
SPACE BE	LOW FOR	USE OF	U.S. M.	ARSHAL O	VLY- DO NO	OT WRITE B	ELOW TH	IS LIN	E	
I acknowledge receip		otal Process	District of Origin	District to Serve	Signature of Author	gnature of Authorized USMS Deputy or Clerk Date				
(Sign only for USM 285 if more than one USM 285 is submitted)		I No lac Nec Com			Care &	Se_			18/18	
I hereby certify and to on the individual, co	return that I ha	we personally n, etc., at the	served ,	have legal evidence	of service, X have	executed as shown it	n "Remarks", the shown at the add	process des	cribed I below.	
☐ I bereby certify	and return that I ar	n unable to k	cate the indi	vidual, company, co	orporation, etc. named	i above (See remarks	below)			
Name and title of ind	lividual served (if r	sot skovn abi	ne)				rson of suitable apresiding in defendence		•	
Address (complete o	nly different than s	hown above)	***************************************	· · · · · · · · · · · · · · · · · · ·		Date	Tim	e	Жата	
						5-11-	18 11.	15	D pm	
					,	Signature	of 145. Marskal	or Deputy	068	
Service Fee 1	Fotal Mileage Char	ges Forward	ing Fee	Total Charges	Advance Deposits	Amonat owed to	U.S. Marshal or			
)	ncluding endeavor	3		97.01		(Amount of Refu	•			
REMARKS:	solor	Po	1578	DQ.	FRONT					
			_	VAIA	FRONT					
	LICTERVACE			VICAN			DESOR ESTE	VALUE 3.527	END LIVER	

PRINT 5 COPIES:

- 1. CLERK OF THE 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT